

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	1													
2		1												
3		1												
4		2												
5		2												
6		1												
7		3												
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17		2												
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21		2												
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23	1													
24		8												
25	1													
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Total Indep	3													
Total Depend	17													
Total Claims	20													
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Total Depend														
Total Claims														

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